# REPORT OF RECEIPTS AND DISBURSEMENTS



2016 Annual Report Name of Candidate

2@ hellsouth

Check here if above is different from previous report

All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

#### **IMPORTANT**

- Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =

This Period

Calendar Year-To-Date

**Total amount of contributions** 

12,000.00 \$ 26.698.64 Total amount of disbursements

Total amount of cash on hand

I certify that I have examined this keport and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seg. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

### SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Comr	mittee John O Read			
Reporting period Jan I	2016	through	Dec. 31,2016	
	ITEMIZ	ED.	RECEIPT	S

A. Source: Corporation PAC Individual Loan	Date	Amount of each
041	(Mo., Day, Year)	receipt
Other (please specify)	()	this period
Full name	09/1/13/16	\$ 500.00
IMPC PAC	-1,32,38	# F300.00
Mailing Address		
PO BOX 4079	<u> </u>	\$
City, State, Zip code		
		\$
Gulf port_MS 39502		
Name or ⊨mployer (Required)		\$
Billy Thomoson	<del>'</del> '	Ψ
Occupation (Required)	Aggregate	e =
Bov't. Affairs	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan		A
product of orporation is the financial and a model is	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
	•	this period
Full name	109/130/16	\$ 500.00
Tourism MS PAC	1001110	\$ 500.00
Mailing Address		
		\$
1103 N. Washington St.		,
City, State, Zip Code		e
Ridgeland, MS 39157	<u> </u>	\$
Name of Employer (Required)		
Rochelle Hicks		\$
		, , , , , , , , , , , , , , , , , , ,
Occupation (Required)	Aggregate	\$ 500.00
Gov't. Affairs	yearto-date	\$ 500.00
C. Source Corporation PAC Individual Loan		1000,00
C. Source Corporation PAC Individual Loan	Date	Amount of each
		Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  A+++ PAC	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  A+++ PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  A+++ PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  A+++ PAC	Date (Mo., Day, Year)	Amount of each receipt this period  \$  250.00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  A+++ PAC  Mailing Address  TILE. CODITOLS+  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A+++ PAC   Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period  \$  250.00
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A++ PAC   Mailing Address	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1	Amount of each receipt this period  \$   250.00   \$
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A+++ PAC   Mailing Address   III E. Capitol S+ City, State, Zip Code     Jackson MS 3920   Name of Employer (Required)     Randu Russel	Date (Mo., Day, Year)	Amount of each receipt this period  \$  250.00
Other (please specify)  Full name  A+++ PAC  Mailing Address  III E. Capitol S+  City, State, Zip Code  Jackson MS 3020   Name of Employet (Required)  Randy Russ II  Occupation Required)	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1	Amount of each receipt this period  \$   250.00   \$
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A+++ PAC   Mailing Address   III E. Capitol S+ City, State, Zip Code     Jackson MS 3920   Name of Employer (Required)     Randu Russel	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1	Amount of each receipt this period  \$   250.00   \$
Other (please specify)  Full name  A+++ PAC  Mailing Address  III E. Capitol S+  City, State, Zip Code  Jackson MS 3020   Name of Employet (Required)  Randy Russ II  Occupation Required)	Date (Mo., Day, Year)  10 / 5 / 10  1 / 1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$   250.00   \$   \$   \$   \$   250.00
Other (please specify)  Full name  A+++ PAC  Mailing Address  Other (please specify)  Full name  A+++ PAC  Mailing Address  Other (please specify)  Mailing Address  Other (please specify)  Mailing Address  Mailing Address  Other (please specify)  Mailing Address  Mailing Address  Other (please specify)  Mailing Address  Mailing	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date	Amount of each receipt this period  \$   250.00   \$   \$   Amount of each receipt this period   \$   250.00    Amount of each   \$   250.00
Other (please specify)  Full name  A+++ PAC  Mailing Address  Other (please specify)  Full name  A+++ PAC  Mailing Address  Other (please specify)  Mailing Address  Other (please specify)  Mailing Address  Mailing Address  Other (please specify)  Mailing Address  Mailing Address  Other (please specify)  Mailing Address  Mailing	Date (Mo., Day, Year)  10 / 5 / 10  1 / 1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$   250.00   \$   \$   \$   Amount of each receipt
Other (please specify)  Full name  A+++ PAC  Mailing Address  III E. CODITOLS+  City, State, Zip Code  JOCKSON MS 3020   Name of Employet (Required)  RANAURUSSII  Occupation Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$   250.00   \$   \$   Amount of each receipt this period   \$   250.00    Amount of each   \$   250.00
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   A+++ PAC    Mailing Address    III E. CODITOLS+  City, State, Zip Code    OCKSIN MS 3020    Name of Employer (Required)    RANGE   Required    Occupation Required    Occupation Required    Occupation Required    Other (please specify)    Full name	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$   250.00   \$   \$   \$   Amount of each receipt this period
Other (please specify)  Full name  A+++ DAC  Mailing Address  L. CODITOLS+  City, State, Zip Codè  Ame of Employer (Required)  Randu Russell  Occupation Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  CROVION	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date	Amount of each receipt this period  \$   250.00   \$   \$   \$   Amount of each receipt
Other (please specify)  Full name  At + TPAC  Mailing Address  Li E. Copitol 5t  City, State, Zip Code  Coupation MS 3920  Name of Employer (Required)  Randu Russell  Occupation Required)  Control of PAC Individual Loan  Other (please specify)  Full name  Control  Mailing Address	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$   250.00   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$
Other (please specify)  Full name  A+++ PAC  Mailing Address  I   E. (OD+TO  5+  City, State, Zip Code  OCKST MS 3020  Name of Employer (Required)  Randur Russel  Occupation Required)  Occupation Required  Other (please specify)  Full name  City Y OV  Mailing Address  P O BOX 1300	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$   250.00   \$   \$   \$   Amount of each receipt this period
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   A+++ PAC    Mailing Address   L. CODITOLS+    City, State, Zip Code   City, State, Zip Code    Name of Employer (Required)    Randy Russel   Cocupation Required    Occupation Required    Other (please specify)    Full name   Corporation   PAC   Individual   Loan    Other (please specify)    Mailing Address    PO BOX 1300    City, State, Zip Code	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 7250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   A+++ PAC    Mailing Address   L. CODITOLS+    City, State, Zip Code   City, State, Zip Code    Name of Employer (Required)    Randy Russel   Cocupation Required    Occupation Required    Other (please specify)    Full name   Corporation   PAC   Individual   Loan    Other (please specify)    Mailing Address    PO BOX 1300    City, State, Zip Code	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$   250.00   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A+++ PAC   Mailing Address	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 7250.00  \$ 750.00  Amount of each receipt this period  \$ 7000.00
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A+++ PAC   Mailing Address	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 7250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A+++ PAC   Mailing Address	Date (Mo., Day, Year)  \[ \begin{align*}	Amount of each receipt this period  \$ 7250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)    Full name   A+++ PAC   Mailing Address	Date (Mo., Day, Year)  10 / 5 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 7250.00  \$ 750.00  Amount of each receipt this period  \$ 7000.00

Name of Candidate or Comr	nittee ]	John O Read				-
Reporting period Jan. I.	2016	)	through	FDec.3	1,2016	-
	ITE	EMIZ	ED	RE(	CEIP	TS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
IMS. Primary Care	<u>NO 1 112 1 116</u>	\$ [2000.00]
Mailing Address  200 N. Dresident St.		\$
City, State, Zip Lode  Jackson, M.S. 39201		\$
Name or Employer (Required)  C. L. Hester	匚/匚/匚	\$ [
Occupation (Required)  (Sov) + Affairs	Aggregate year–to-date	\$ [2.000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Anheuser-Busch Mailing Address	11/14/16	\$ 500.00
Clay Law Firm		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Stephen Clay Occupation (Required)	A	'
COV'+ AFFOLIS	Aggregate year–to-date	\$ 500.00
	A home to date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)   Full name   PF12eC	Date	Amount of each receipt
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)   Full name   PFizer   Mailing Address   Claudal   All Prime	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   PF12er    Mailing Address    City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)   Full name   PF         Mailing Address     City, State, Zip Code   Name of Employer (Required)   SHONO   City   Ci	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Pfizer    Mailling Address    City, State, Zip Code    Name of Employer (Required)    Stephen City    Occupation (Required)    South Affacts	Date (Mo., Day, Year)  11 / 14 / 16  1 / 1 / 1	Amount of each receipt this period  \$ 500.00
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   PF 12e    Mailing Address    City, State, Zip Code    Name of Employer (Required)    Stephen Clay    Occupation (Required)    D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)	Date (Mo., Day, Year)  II / II	Amount of each receipt this period  \$ 500.00
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   P+ 12e C    Mailing Address   Cloud   Clity, State, Zip Code    Name of Employer (Required)    S+COPEN Cloud   Cocupation (Required)    Occupation (Required)    D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Cloud   Corporation   PAC   Corporation   PAC   Corporation   Corporation   PAC   Corporation   Corporatio	Date (Mo., Day, Year)  II / II / II  II / II  Aggregate year—to-date  Date	Amount of each receipt this period  \$ 500.00 \$  \$ Amount of each receipt
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   PF   Ze C    Mailing Address    City, State, Zip Code    Name of Employer (Required)    Stephen Cay    Occupation (Required)    D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)    Full name    Mailing Address    Maili	Date (Mo., Day, Year)  Aggregate year—to-date    Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$  \$ Amount of each receipt this period
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   P+   2e   P    Malling Address   City, State, Zip Code    Name of Employer (Required)    S+OPEN CALL    Occupation (Required)    Other (please specify)    Full name   Other (please specify)    Full name   Malling Address    City, State, Zip Code    City, State, Zip Code	Date (Mo., Day, Year)  Aggregate year—to-date    Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$  Amount of each receipt this period  \$ 500.00
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   PF   Ze C    Mailing Address    City, State, Zip Code    Name of Employer (Required)    Stephen Cay    Occupation (Required)    D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)    Full name    Mailing Address    Maili	Date (Mo., Day, Year)  Aggregate year—to-date    Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$  Amount of each receipt this period  \$ 500.00 \$

Name of Candidate or Committee	John O Read
Reporting period Jan. L. 2010	
·	EMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	H115/16	\$ H000.00
Mailing Address MOOD GALLERIO PLACE		\$
City, State, Zip Lode		\$
Name or ⊨mployer (Required)		\$
Michael Mitchell Occupation (Required)	Aggregate year-to-date	\$ 1000,00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Ph Rma	11/16/16	\$ 1500.00
Mailing Address  830 N. St.	匚,匚,匚	\$
City, State, Zip Code	F,F,F	\$
Ration, Rouge, Lav Name of Employer (Required)		\$
Pete Martine2 Occupation (Required)	Aggregate	
(30V't. Affairs	Aggregate yearto-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  MHCA	11/2/16	\$ 12000.00
Mailing Address 1076 Highland Dr.		\$
City, State, Zip Code/ KI (Jal. Jand) MS		\$
Name of Employer (Required) Vanessa Jenderson		\$
Occupation (Required)	Aggregate year-to-date	\$ 12000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  IND PAC	12112116	\$ 7000.00
Mailing Address 1439 Katherine Dr		\$
City, State, Zip Code Flowood, MS 39232		\$
Name of Employer (Required)  Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee	John O Read				•
Reporting period Jan. 1, 201	6	through	Dec. 31.	2016	
ITI	EMIZ	'ED	REC	'EIP	TC

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/22/16	\$ F500.00)
Mailing Address 16/00 TOWER CIRCLE	$\Box$ , $\Box$ , $\Box$	\$
City, State, Zip Gode Franklin, TN 37067		\$
Name or Employer (Required)  Branch Kalai		\$
Occupation (Required) J CDV + AFFAUS	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Amer Group	112/122/16	\$ 7000.00
Mailing Address		\$
City, State, Zip Code Cuncunati, Phio 45204	厂,厂,厂	\$
Name of Employer (Required)  Arru Dellane		\$
Occupation Required)	Aggregate year-to-date	\$ 7000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Baker Donelson	172/18/16	\$ 500.00
Mailing Address ONE Eastover Center		\$
City, State, Zip Code  Jackson .MS 35211		\$
Name of Employer (Required)  NORT A VOY COCK		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AStra Zeneca	12/2/16	\$ 500.00
Mailing Address 14274 Flaueugh Will		\$
City, State, Zip Code  TOUGHOSSER, FU		\$
Name of Employer (Required)  Princes Co. Plendill  Qccupation (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

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Page	7	of	

Name of Candidate or Com	mittee John O Read		
Reporting period Jan. I.	2016	through	Dec. 31,2016
	ITEMIZ	ED	RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
NOTOIK Southern Corp.	图130116	\$ PA50.00
Mailing Address M10 W05hina ton AVE		\$
City, State, Zip Gode Montannery, Al 310104		\$
Name or Employer (Required)		\$
Occupation (Required) COV' - Affaurs	Aggregate year–to-date	\$ 1250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	T 1
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address	Date	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$   \$   \$   \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  // // / // / Aggregate	Amount of each receipt this period  \$   \$   \$   \$   \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  // // // / // /  Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)  // // // / // /  Aggregate year-to-date  Date	Amount of each receipt this period  \$
City, State, Zip Code  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code	Date (Mo., Day, Year)  // // // / // /  Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)  // // // / // /  Aggregate year-to-date  Date	Amount of each receipt this period  \$   \$   \$   \$   \$   \$   \$   \$   \$   \$

Name of Candidate or Committee John O Read

Reporting period <u>Jan. 1, 2016</u>

through <u>N.C. 31, 2016</u>

## ITEMIZED DISBURSEMENTS

Nejam Properties	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01/01/16	\$ 816.00
Jackson, MS		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9,792.00
Comcast Cable	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	OT 101/10	\$ 98.97
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1187.64
c. Full name Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 🦪 📗	01/01/16	\$ 69.11
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 829.32
Shell Gas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01/01/16	\$ 157.20
City, State, Zip Code	'	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1886.36
E Full name .  (Spire	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	OLIOLILLE	\$ 83.61
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1003.32
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Halling Address	//_	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S